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A SUCCESSFUL CASE OF OVARIOTOMY.

BY A. R. SMART, M.D.,
Of Hudson, Mich.

Ovariectomy is now so frequently practiced, that it seems useless and unnecessary to report instances of its performance. Still there are some questions connected with the operation which are yet open and unsettled. Among these is the best method of dealing with the pedicle. It is with the view of adding to the testimony in favor of the plan pursued in the following case, that it is reported.

Mrs. J. D. B. presented herself for examination, January 31st, 1879. Is twenty-seven years of age; has always been healthy prior to the development of present disease. Has two children, one four years and the other eighteen months old. Has been married seven years. During the last pregnancy she noticed unusual abdominal distention. Before this had discovered nothing unusual. At the time of confinement, after the birth of the child, the abdomen remaining large, the attending physician supposed for some time that another child was yet to be delivered. From this time the growth steadily increased, until, at the present examination, she is fully as large as a woman at full term. Her general health is good. No pain is complained of, except at intervals, in the right iliac region. Diagnosis, a unilocular cyst of right ovary, with few, if any, adhesions. On the third day succeeding the examination I removed, by tapping, thirteen quarts of a dark chocolate-colored fluid, strongly albuminous, and of the consistence of

thin syrup. The cyst rapidly refilled, and on March 6th, a few days over four weeks from date of tapping, was nearly as full as when first seen. On this day, having thoroughly cleansed out the bowels by castor oil thirty-six hours previous to operation, at eleven A.M., assisted by Drs. W. N. Smart, E. Eaton, Wm. Town, Lorenzo Town, J. S. Power, and Jos. Welch, I proceeded to the removal of the cyst by abdominal section. The incision was about five inches long, extending from the pubes upward. The cyst was reached with no difficulty, and with very trifling hemorrhage. After tapping with a Wells' trocar, first having ascertained freedom from adhesions, the cyst was slowly withdrawn. Some difficulty was here experienced from the tendency of the omentum and intestines to roll out of the wound, and from the solid portion of the cyst, which was rather large to pass through the opening made. The cyst was found to be unilocular, with a solid portion occupying the site of the degenerated ovary. The pedicle was thin, broad and short, and composed of the broad ligament. This was split in halves by passing a needle, armed with a stout, double silk ligature, and each half ligated, the ligatures being cut short, and the pedicle severed at one-half inch outside the ligatures. The other ovary was found healthy. No hemorrhage having occurred, the pedicle was returned, and the abdominal wound closed with six deep sutures (silk) passed through the peritoneum. The wound was dressed with broad bands of adhesive plaster passing round the body, the abdomen being then covered with a layer of cotton wool, and over all a firm flannel bandage. Time of operation thirty minutes. Patient removed to bed in good condi-

tion. Visited patient three hours later. Had recovered from anæsthetic; no nausea; slight abdominal pain; expressed herself as feeling very comfortable. One-fourth of a grain of morphia had been injected into the arm at the completion of dressing. Ordered one-fourth of a grain of morphia with bismuth if pain was complained of. To have iced milk in small quantities. Urine to be drawn off with catheter every six hours. The subsequent progress of the case was all that could be desired. The wound was undisturbed for three days. One-half of the stitches were removed on the fourth day, and the remainder on the eighth day. The bowels were kept confined for ten days, and then evacuated by enema. The catheter was used for ten days. No disturbance of the stomach was noticed. The pulse never rose above a hundred per minute, but once on the fourth day, and then but a few hours; the temperature once reached one hundred and three, but for the first week ranged from one hundred to one hundred and two, going down to natural during the second week. On the fourteenth day she began to sit up, and on the twenty-first day she walked three-fourths of a mile, and up a flight of stairs, with no pain or inconvenience. At present writing, April 21st, patient declares herself as well and able to endure as much fatigue as ever in her life.

TREATMENT OF STRICTURE AND GLEET WITH GALVANISM—REPORT OF TWO CASES.

BY O. E. HERRICK, M.D.,
Of Greenville, Mich.

The use of galvanism in the treatment of uterine diseases (the application of which was described in the *REPORTER*, vol. xxxix, p. 175) suggested to my mind that it might be equally efficacious in treating diseases of the male urethra. I well know that galvanism as heretofore tried is a very old remedy in the treatment of stricture; and the manner of its application is all the novelty I claim for it. The treatment of stricture with galvanism has always been with a battery, and could only be tried by sittings of from a few moments to an hour, at the longest. The method which I pursued was similar to that described by me for the relief of ulceration of the os uteri and vaginal leucorrhœa, to which I have above referred. The apparatus is a copper wire attached to a silver catheter or bougie at one end, and to a zinc plate at the other, which is held in contact with the body by a band-

age, and an acidulated sponge placed upon the zinc plate produces a current sufficiently strong for the purpose. I have found that my patients are enabled to wear this appliance twelve hours out of the twenty-four, six hours during the day and six at night, thus keeping the tissues composing the stricture under the influence of galvanism for a much longer time than is possible with a battery; and therein is the advantage of this method.

CASE 1.—Mr. P., aged about 50 years, had contracted his first gonorrhœa about twenty years ago, which was followed by stricture; about that time he submitted to an operation of some kind, which he says relieved it, until he contracted a second gonorrhœa, when he was again troubled with the stricture, but did not submit to another operation, and the stricture has troubled him at intervals ever since. He had learned to introduce the catheter himself, and got along without serious trouble until about six months ago, when it became so bad that he could no longer introduce the catheter himself; he then called a physician, and he failed, and in turn called another, for counsel; they then concluded to administer chloroform, which they did; and after operating for two hours and failing to pass the instrument, they left the case for the day, but returned the next, and after again chloroforming the patient, succeeded in making a *false passage*, but did not get the catheter into the bladder. They then desisted, and again left the patient to himself, who during the night succeeded in emptying the bladder, probably from the relaxing influence of the chloroform. He continued to have more or less trouble in voiding his urine for a couple of months, when I was called in. I found him in great pain and discharging large quantities of pus from the false passage, with the stricture as bad as ever. I attempted to pass a No. 6 catheter, but the parts were so tender that I desisted and applied the apparatus described above, putting it on about 4 o'clock P.M.; he wore it until 12 o'clock, when I again saw him; the pain had almost entirely subsided, and when I removed the catheter (which had only been introduced as far as the stricture) he was able to pass his urine with little trouble. I left it out until morning, when I again applied it and left it until 2 o'clock in the afternoon, at which time I again saw him; he had suffered no pain, and the discharge had almost ceased. At this time I found no trouble in passing the catheter on through the stricture into the bladder. This treatment was followed up for five days, when I discharged my patient; and he has had neither stricture nor discharge since; he con-

tinues to occasionally wear the instrument for a few hours, once or twice a week, but declares himself well.

CASE 2.—Mr. V., aged forty, contracted gonorrhœa about fifteen years ago; has suffered from stricture at intervals ever since. This patient, like the preceding one, had also learned to introduce the catheter himself, and had got along without serious trouble until about four months ago, when, after taking a long and cold ride, he found that upon getting out of his cutter he could not void his urine. He attempted to pass the catheter as usual, but after repeated efforts failed to do so. He then fomented the parts with applications of warm hops during the night, and again attempted to pass the catheter, but failed. After working at it at intervals during the day without success, I was sent for in the evening. Found the patient suffering considerable pain and just recovering from a fever chill. The urethra was swollen and tender, so much so that I, after a slight effort, abandoned the attempt to pass the catheter through the stricture, and, as in the first case, applied the galvanic attachment. This was about seven o'clock in the evening; at twelve o'clock I again called, and after a slight effort succeeded in passing the catheter into the bladder, and left it there, with the wires attached, until morning. At eight o'clock, when I called, I found that the inflammatory action had almost entirely subsided, and that the catheter was perfectly loose in the urethra. From that time until this the patient has had no further trouble with his stricture, although he wore the apparatus for about ten days longer. I have treated quite a number of cases of gleet of long standing by this method, with equally good results, taking from five to ten days to effect a cure.

A CASE OF PUERPERAL CONVULSIONS.

BY N. B. KENNEDY, M.D.,
Of Hillsboro, Texas.

I was called in great haste, four miles in the country, on the morning of the 22d March last, to see Mrs. Carroll. On reaching her home I learned she had had seven convulsions. The patient, a primipara, 17 years of age, short neck and very fat, had always been healthy, and was now in the very bloom of youth and beauty. I was informed that she was at the end of her term. An intelligent old lady present stated she had not detected any labor pains. An examination *per vaginam* revealed a rigid and undilated os uteri, and almost out of reach of the finger. She

lay in a semi-comatose condition, pupils dilated, pulse 66 per minute, hard and cordy. Bowels and bladder had both acted; mind very much confused; did not recognize her husband and attendants; could not answer questions at all.

I informed her husband that she was in a very critical condition, and asked that Dr. J. S. Scofield be sent for. In the meantime I opened the median basilic vein of both arms, but obtained only a few ounces of blood. Gave her chloral hydrate, chloroform and morphia hypodermically, in large doses, without any effect whatever, the convulsions coming on at regular intervals, and with increasing violence. On the arrival of Dr. Scofield we decided to sever the temporal artery, which we did, on the right side, and took away about a quart of arterial blood, which failed to produce any impression upon the convulsions. A vaginal examination now being had, we found the os soft and dilated to two inches in diameter, and that feeble pains had set up. From the flaccid condition of the head, and no pulsation in the brain, we decided that the child was dead. We now continued the fluid extract of ergot, in drachm doses, with the hope of increasing the pains, and also severed the left temporal artery, and obtained about two quarts of blood. After this the convulsions ceased, the breathing became more tranquil; the face less suffused; pulse 60, and more compressible; mind still confused; pupils dilated; she took nourishment readily. We decided to give her a night's rest and remove the child next morning. A half grain of morphia was administered in some toddy, and she slept soundly and sweetly until morning, when she was awakened by another convulsion.

We at once put her under chloroform and proceeded to remove the child. With much labor we succeeded in puncturing the brain through the fontanel, evacuated the cerebral substance, and then with the forceps removed the frontal and parietal bones. Steady traction soon delivered the remaining portion of the head, followed by the body. The child had the appearance of having been dead some time. After waiting twenty minutes, I introduced my hand to remove the placenta, and found an hour-glass contraction of the uterus, but with very little trouble removed the placenta. I then applied cold cloths to the pelvic region, and found the uterus to contract into a hard, firm ball. Patient reacted finely from the chloroform and took nourishment readily. We gave her whisky and carbonate of ammonia, and had begun to congratulate ourselves on a successful termination of

the case, when suddenly another frightful convulsion came on, from which the patient never reacted. She became profoundly comatose, pupils largely dilated, the circulation very much depressed, the extremities cold, but the uterus remaining firmly contracted all the time. For four or five hours we applied restoratives and gave stimulants by the mouth, by the rectum and hypodermically, but all to no purpose, the compression on the brain becoming more and more pronounced, caused, in our opinion, by the giving away of one of the meningeal arteries. Finally death closed the scene, and her young husband was left desolate.

It is much to be regretted that an autopsy could not be had. If the public mind could be educated to the all important necessity of *post-mortem* examinations, science would make more rapid strides forward.

While I must admit that blood letting pushed *ad deliquium* is our best remedy in this fearful malady, yet I must say it is not the *sine qua non*, a great many physicians would have us believe.

HOSPITAL REPORTS.

COLLEGE OF PHYSICIANS AND SURGEONS, NEW YORK.

CLINIC OF PROF. T. GAILLARD THOMAS, M.D.

REPORTED BY P. BRYNBERG PORTER, M.D.

Case 1.—Chronic Ovaritis—Prolapse of Left Ovary, with Retroversion and Dysmenorrhœa.

GENTLEMEN:—The first patient to whose case I ask your attention to-day is Catherine H., a native of the United States, twenty-four years of age, and unmarried. It will not take us long to get her history, as it is a brief, but very significant one.

How long have you been sick? "One year." What happened at that time? Did you meet with any accident? "No." What troubled you, then? "Severe pain." And this has continued ever since? "Yes." Where is it located? "In my left side, low down." (The patient placed her hand on the left iliac fossa.) Has it always been confined to this one region? "Yes." What else have you complained of? "Nothing, except some trouble about the throat." Did that come on about the same time? "A little before the other trouble." (I may here explain that what she speaks of seems to be some laryngeal difficulty, about the exact nature of which we need not concern ourselves at present.) Are you never free from this pain in the left side? "No." Is the pain increased at all at the time of your monthly sickness? "Yes." But is it still confined to the same spot? "Yes." Do you have any backache? "Sometimes." Do you have the whites? "Yes, quite badly." Are you able to stand and walk with ease? "No, if I stand or walk for any length of time,

it gives me great pain." Where is this situated? "Down the thighs." Do you have any difficulty about passing your water? "No."

Here, you perceive, is a very straightforward history. This young woman was perfectly well up to a year ago, with the exception of some laryngeal trouble, which commenced a short time before; but at that time, without any apparent cause, a very severe pain in the left iliac fossa came on suddenly, and has never left her since. As you have heard her relate, this pain is considerably aggravated at the time of her menstrual periods; and on inquiring a little more particularly in regard to this point, I find that it begins to grow worse three or four days before the flow commences, that it is most severe of all during the flow, and that after the latter ceases, it once more diminishes to the ordinary degree of acuteness which she habitually suffers all through the inter-menstrual period.

Now, our design is to find out, if possible, the cause of the symptoms of which she complains, viz: fixed pain in the left iliac fossa, pain at times extending down the thighs, and leucorrhœa. Accordingly, I proposed a physical examination, and the first thing that I detected that was abnormal, after introducing my finger into the vagina, was a hard ridge extending backward from the cervix. Conjoined manipulation showed this to be the body of the uterus, the organ being in the second degree of retroversion; and it then occurred to me that the latter (retroversion) might be the true diagnosis of the case. Why? Because the symptoms present might thus be explained. The pain in the iliac fossa, might be due to the dragging of the displaced uterus upon the broad ligament, and the pain extending down the thighs to its pressure upon the sacral nerves, while the passive congestion resulting from the retroversion would explain the leucorrhœa complained of.

But on continuing my exploration of the pelvic organs, I discovered something else. Upon the left side of the uterus there was a mass of considerable size, which was tender on pressure, and the moment that I touched it with my finger the patient exclaimed, "that is the pain I have."

I could, however, readily push it up out of the way; practicing a kind of *ballotement* upon it. On the right side I was not able to make out the ovary at all; nor could I discover anything abnormal there. Finally, I placed the patient on her side, and introduced the uterine sound, in order to make complete the demonstration of retroversion.

Now, what was the diagnosis? Certainly not the same as was at first suggested. To begin at the most important element in it: "Congestion, enlargement, sensitiveness, and prolapse of the left ovary." Is that the cause of all the trouble? I think so. Then, of course, that is the diagnosis. If it is not the cause of the trouble, then we have made "an error of diagnosis," and retroversion of the uterus will probably be found to be the correct diagnosis. But I take it for granted that the symptoms noted here depend on the condition of the ovary, because in determining affections of internal organs, such as it, we often have to depend on a process of exclusion. What, for instance, might this sensitive mass

by the side of the uterus be if it were not the ovary? A fibroid at once suggests itself. But it is too soft, and also too movable, for a fibroid, unless the latter had a long pedicle. It is a well ascertained fact, however, that fibroids with long pedicles are, as a rule, by no means sensitive. But suppose, in spite of all the evidence to the contrary, it were a fibroid with a long pedicle. Many instances are on record of uterine fibroids, with such long pedicles that they have been enabled to rise entirely out of the pelvis, to float in the abdominal cavity, and sometimes to attach themselves, by adhesive inflammatory action, to the liver, spleen, and other distant organs. But if a fibroid of this character, why should it be so sensitive, and give rise to so much pain, and why should this pain always begin to increase three or four days before the menstrual flow, and remain aggravated until the flow ceased? These are questions which cannot be answered satisfactorily. On the other hand, it cannot be a phlegmon, resulting from inflammatory trouble in the pelvis, because it is so movable; such masses of lymph always remaining perfectly fixed.

We conclude, therefore, that this is a case of what is called chronic ovaritis, and no other diagnosis will so satisfactorily explain the symptoms of the patient. When such ovaries are taken out and examined, it is sometimes found that the organ has undergone cystic degeneration; its whole mass having been converted into numerous small cysts, which do not seem ever to have shown any tendency to increase in size. More frequently, however, there is found simply an enlargement of the organ, due to congestion, or perhaps hyperplasia as well.

We come next to inquire what is the cause of the leucorrhœa, and what of the retroversion? It is a fact, which my experience amply attests, that we hardly ever find a case of this kind without a pretty well marked leucorrhœa, and we have Dr. Barnes' authority for saying that a displacement of the uterus, of greater or less degree, invariably exists in connection with such a condition of the ovary. Both are explained by the constant state of congestion in which the uterus is kept by reason of the diseased ovary; the displacement, which may be either forward or backward, being due to the increased weight of the organ causing it to depart from its normal position, and the increased supply of blood to the lining mucous membrane of the uterus giving rise to the leucorrhœa.

The prognosis in this case is by no means good. If you promise such a patient too much she will be sure to become discouraged, and to cast reflections upon you; and if you promise too little, she will not think it worth while to place herself under treatment at all; while she can really be benefited very considerably, if a judicious course is pursued in her case. How, then, are we to treat this condition of the ovary? In the same general way that you would proceed with a neuralgia existing without any assignable cause. In the first place, we should endeavor to improve the condition of the blood, and to build up the general health, which is usually considerably impaired under these circumstances. But something more must be done, for local treat-

ment is unquestionably demanded. Unfortunately, the means at our disposal are not as efficient as could be desired; but, meagre as they are, they should be given a faithful trial.

For three or four days before the menstrual flow commences, as well as during the continuance of the same, this young woman should remain warmly covered up in bed. The bromides often seem to have a beneficial and soothing effect in such cases; and of these I prefer the bromide of ammonium, which may be given freely, with impunity, as much as fifteen or twenty grains at a dose. When she gets up, it would be well for her to wear an elastic pessary, for the purpose of keeping the prolapsed ovary up in position as well as possible; and twice a week, for twenty minutes at a time, the constant current from a battery should be made to pass through the diseased ovary, by placing one electrode immediately over it and the other against the spine. In addition, she should employ very copious and very frequent vaginal injections of warm water, for its soothing effect; and finally, a gentle counter-irritation might be kept up by means of compound tincture of iodine, painted over the region of the ovary.

The result will not be encouraging; but these are the best measures for the relief of such a case as this with which I am acquainted. I would not expect to cure the patient in the course of a year; but I think by the end of a year of treatment she would, in all probability, be greatly improved. Very often you will find that patients who suffer in the way that this young woman does have been subjected to cutting operations about the uterus, under the idea that the cervix was at fault; but, of course, all such procedures are futile under the circumstances, and I shall have something more to say in regard to their inappropriateness in connection with the next case. You observe that I have advised quite a number of measures for the relief of the patient; no less than five altogether, in addition to building up her general health and enjoining perfect rest before and during menstruation, viz: warm vaginal injections, the wearing of a pessary, bromide of ammonium, galvanism and counter-irritation. This is because they are all so comparatively inefficient; but any one of them is less valuable than all combined.

I regret to say that the next patient whom I had hoped to show you cannot be persuaded to come before the class. Her case, however, is identical with the one which you have just seen, with this exception, that the cervix uteri has been widely slit open, no doubt for the purpose of relieving the dysmenorrhœa present. It did not do any good, for the reason that incision of the cervix is not a good way of treating chronic ovaritis, which is the real difficulty here, as in the preceding case. The operation was simply a blunder on the part of the surgeon performing it; and yet it is so often done in these cases that I feel called upon to specially warn you against it. Such a mode of procedure, under the circumstances here present, is not only useless, but absurd, and only tends to bring a very good operation, in its proper place, into disrepute. Of course, the idea with which it is performed is to enlarge the cervical canal, so that the

menstrual blood may have free egress; but if a surgeon who contemplated the operation in such a case would take the trouble to make a vaginal examination, he would at once see that the flow of blood was not impeded in the least by any stenosis; as could also be proved by the introduction of the uterine sound. You see, therefore, how irrational the operation is. As well might a plumber, for the purpose of allowing a free escape of water, cut through the walls of a pipe when there was no obstruction of its calibre whatever. The operation, as I trust you now all perceive, can do no possible good unless we have positive evidence there is a stricture somewhere about the cervix.

In the second case of ovaritis the pain is not so circumscribed as in the first, but is spread over a considerable region of the pelvis. This, I think, must be due to a peculiarly hyperæsthetic condition of the nerves of the part, as there is no evidence of pelvic inflammation, in the shape of hard masses of lymph, such as we would have been likely to meet with had the latter occurred.

Case 2.—Sarcoma of the Uterus.

In the next case, as in the first, there is only one symptom of importance, although it is of an altogether different character. The patient's name is Caroline L., and she is a native of the United States. She is thirty-two years old, has been married twelve years, and is sterile. She says that she was in perfect health up to six months ago, when she was taken with a free uterine hemorrhage, not exactly at, but near, the regular time for the menstrual flow. This metrorrhagia has continued up to the present, with the exception of an intermission of a day or two at a time occasionally, but she has never suffered from pain until within the last two weeks. Her general health seems to have remained pretty good; although she suffers considerably from weakness and shortness of breath in going up stairs. The reason of this you can easily see by looking at her face (even if you had not heard the history), viz: loss of blood. As to the amount of the long continued hemorrhage, it is impossible to speak with any accuracy; we can only judge, from her present anæmic condition, that it has been excessive. The patient herself, on being interrogated in regard to this point, at first stated that she thought she must lose a gallon of blood a day; but afterward reduced her estimate to half a gallon a day. Of course, this is preposterous; but you can scarcely trust anybody whatever (not even the most careful physicians) to give a correct account of the quantity of blood lost in any given case, where hemorrhage occurs, as it is one of the most difficult things in the world to estimate. Here the patient is much more likely to have lost two ounces instead of two quarts, a day; but even that daily amount would, as you can see, be something enormous during the course of six months. At all events, the hemorrhage has been so free and so continuous, that she is entirely unable to tell when the menstrual period occurs. The whole history, then, is one simply of excessive loss of blood.

On resorting to an examination, I found, in the first place, that the cervix was greatly hypertrophied, and that its whole surface was very rough to the feel; as though it were covered with little

eminences. Then, employing conjoined manipulation, I ascertained that the body of the uterus was also very much larger than normal, and that, in addition, it was bent forward to a considerable extent. When I examined the cervix by means of the speculum, its whole surface was very red, and presented the appearance of granular degeneration, with excessive enlargement. (The patient was now dismissed from the room.)

From the history which has been given, and the condition of affairs found by physical exploration, I feel as positive as I possibly can about anything, that the disease from which this woman is suffering will prove fatal. It is fully five years since we have had a similar case at the clinic, and I have never seen but two others during the whole course of my experience; but the disease is unmistakable when one is once familiar with its characteristics. Why, you may ask, do I call it malignant? But what, I may inquire in return, but malignant disease could cause the condition of affairs and give rise to the symptoms which we meet with here? In every case we must take both the rational and physical signs into consideration. There are several points that occur in connection with this one which it is necessary to dispose of before we can accept positively the diagnosis which, I think, is the only tenable one in this instance.

In the first place, could not the marked enlargement of the uterus be due to subinvolution? Undoubtedly, if the patient had ever been pregnant; but she is a woman of a much better class and much more intelligent than most of those which we meet here, and she is entirely positive that she has never either given birth to a child or had a miscarriage.

Again, there is no sign of fibroid here; for if there were a fibroid in the body of the uterus, there is no reason why the cervix should also be thus enormously enlarged.

Then, in proof of malignant disease, we have the extensive denudation upon the surface of the cervix. In addition, she is now beginning to suffer severe pain, and is growing weaker all the time, from excessive loss of blood, as indicated by the bellows murmur which is heard at the base of the heart, and is due to the watery condition of the blood. I think, therefore, that we cannot come to any other conclusion than that we have a malignant condition to deal with here.

But while nothing but malignant disease could have produced such a condition of the cervix as this, it by no means presents the characteristics (nor is the history of the case that) of cancer. It is an instance of a much rarer form of malignant disease, sarcoma of the uterus.

Sarcoma sometimes attacks the vagina instead of the uterus, and I once had a child, eighteen months old, under my charge, upon one of whose labia majora there was a sarcomatous tumor as large as a hen's egg. This was removed by means of the galvano-cautery; but in six months afterward the mother brought the child back to me with the growth the same size as before. It was again removed, and again returned; but I declined to operate again, as by this time some of the secondary tissue had become involved. It was once more as large as a hen's egg; and in two or three months after-

ward the patient died. The microscope showed that the tumor was a large-celled sarcoma; although this diagnosis had been made from its gross appearance before it was removed the first time. In this case the disease probably commenced in the body of the uterus, and the cervix became affected afterward.

Now, such being the diagnosis, what can we do for this patient? Almost nothing at all—even less than if it were a case of cancer. At first I thought of amputating the cervix, in order to control the hemorrhage more completely; but now, on maturer deliberation, I hesitate to adopt such a procedure, because the body of the uterus is also undoubtedly implicated in the disease. By so doing, we would expose the patient to the dangers of a capital operation, and yet still leave a large portion of diseased tissue entirely untouched. This question of operation is the only one of much importance in connection with the treatment; and on the whole, it now seems to me unadvisable. If it is not performed, a speculum should be introduced, and either chromic or chemically pure nitric acid applied thoroughly to the whole surface of the cervix. This would have the effect of destroying the superficial vessels, and thus checking hemorrhage; and the application should be repeated whenever the hemorrhage returned. Some prefer strong sulphuric acid; but I do not think it as useful as either of those mentioned. But, whatever method of treatment is adopted, the case is entirely hopeless.

Case 3.—Vesico-vaginal Fistula.

Our last patient to-day is Johanna O'D., a native of Ireland, and forty years of age. She has been married eighteen years, and has had nine children, but no miscarriages. Her last child was born four months ago.

Were all your children born at full term, Mrs. O'D.? "Yes." Did you ever have any trouble at the time of their births? "Yes. I have always had a very hard time of it when my children were born." How long do your labors usually last? "Always three days and three nights." Has the doctor ever had to use instruments in order to deliver you? "Yes; twice." Is the child that you had four months ago living? "No; it was stillborn." Now, how long have you been complaining? "For four months." (That is, as you will notice, ever since her last labor.) What has been the trouble? "My water keeps passing away from me all the time." How soon after labor did this trouble commence? "Two days after." Then for two days you passed your water naturally? "No. I did not pass any water at all for two days; and then it commenced to come away from me as it does now."

Now, here is a woman who has always enjoyed good health up to four months ago, except that she has had considerable difficulty in childbirth. This is probably due to some narrowing of the pelvis, as she says she always remains three days and three nights in labor. Ever since her last confinement, four months ago, she has suffered from an involuntary escape of urine.

On making a physical examination, we find that the lower part of the abdomen, the nates,

the vulva, and a large portion of the inner surface of the thighs, are all denuded of epithelium, and that immediately anterior to the cervix uteri there is a solution of continuity in the roof of the vagina, through which the finger can pass directly into the bladder. A person not accustomed to making physical explorations in such cases, however, might possibly not have entered the bladder, as he would have found what is apparently a little soft polypus just at the spot mentioned. But this polypus is nothing more than a portion of the anterior wall of the bladder which has actually prolapsed through the opening in the posterior wall. Of course, if the bladder was full, such a condition of affairs would be impossible; but as, on account of the leakage here, this patient's bladder never is full, we have such a prolapsus occurring. It is not uncommon, when the fistula is large, to have the anterior wall protruding to such an extent that it looks like a tomato, through the speculum. It is undoubtedly an inexcusable blunder to remove a portion of the prolapsed bladder, under the impression that it is a polypus; and yet this has actually been done more than once.

Of course, the diagnosis is plain enough here. The case, however, is a somewhat more serious one, on account of the vesico-vaginal fistula being so close to the cervix uteri, than if it were at some little distance from it, since in any operation that is undertaken for its repair it will be necessary to pare a portion of the uterus itself. If there was any space between the fistula and the cervix, it would be a perfectly simple case.

Now, in regard to the etiology of this lesion, was it the forceps that did the mischief? On the contrary, I will venture to say that it was the absence of the forceps. It is exceedingly rare for this instrument to give rise to vesico-vaginal fistula, and even the operation of ovariectomy very seldom causes it. When this is the case, the fistula heals up immediately, without the slightest difficulty. When such a fistula results from scarlatina, however, it never closes without operative interference; and that is the case with the kind of fistula which is present here. Let me show you, by way of an illustration, how these fistulae occur. There is a patient, for instance, with a broken thigh, who is obliged to lie on his back for a long time continuously, on a hard bed. After a while there is interference with the circulation at the point of greatest pressure, and a local death takes place there, in consequence. Presently, a piece of tissue sloughs off from the part, and then there is a bed-sore to annoy the negligent surgeon. In a critical case a large bed-sore will sometimes decide its issue against the patient. Now, what we may call a bed-sore occurs in the same way in the wall of the bladder, in certain cases of parturition, on account of the long-continued compression of the tissues between the bones of the pelvis and the child's head. The pressure under these circumstances is enormous, and in this case, as you have heard, it was kept up for three days and three nights. Consequently there was a slough formed, which came away in two days after the termination of the labor, and left the fistula which is still giving the patient so much annoyance. Of course, the urine should have been

drawn by means of the catheter, but the fact that the catheter was not employed, although there was retention for two days, did not, I think, have anything to do with the causation of the fistula. The period of time after parturition at which the sloughs come away in cases of this kind varies very greatly, and there is one well-authenticated instance on record in which this did not take place for thirty days. Fortunately, the prognosis is always a favorable one; although in the present case, as has been remarked, the operation will be more difficult than usual, on account of the proximity of the fistula to the cervix.

AMERICAN MEDICAL ASSOCIATION.

THIRTIETH ANNUAL MEETING.

SECOND DAY.

The Association reconvened at 9.30 A. M., and was called to order by Vice President Murphy. There was a full attendance, in spite of the rain. Communications from the Committee on Arrangements were in order, and several announcements were made.

A communication against the abolition of the duty on quinine created some sensation. There were cries of no! no!

The communication was tabled, and on motion of Dr. Roberts, of Nashville, the Association reiterated its request that Congress remove the duty from quinine. There were some nays, but the ayes had it. The next business was the address of Dr. Thomas F. Rochester, of Buffalo, N. Y., chairman of the Section on the Practice of Medicine. Dr. Atkinson, of Philadelphia, moved that the address just read be referred to the Section on Practice of Medicine.

An amendment, that portions of the paper referring to typhoid and yellow fevers be referred to the Section on State Medicine, was lost.

The original motion was adopted.

An address by Dr. John S. Billings, of Washington, was next in order, but President Parvin stated, with regret, that Dr. Billings was too unwell to read his own paper, but that it would be presented by Dr. J. J. Woodward, of the United States Army. The paper was on state medicine. It was a masterly treatment of a subject whose importance is just beginning to loom before the public. It explained fully the philosophy of the National Board of Health, and as it came from one of its leading members, was heard with great interest. The necessity for a national quarantine, and its advantages, were fully expounded.

The paper was referred to the Section on State Medicine, and a copy asked for publication.

Dr. N. S. Davis, of Chicago, made a report from a special committee on questions discussed by President T. G. Richardson, in his annual address of last year, which was received. They favored the amendments proposed for the present rules on prize essays. They recommended the expunging from section 3 all relating to prize essays, and to insert a clause declaring that there shall be four prizes of \$250 for the best original contributions to medical knowledge. The chairmen of the Sections on Practice of Medicine, on Obstetrics, on Surgery and Anatomy, and on

State Medicine, shall take charge of the competition and arrange its methods. The report was to lie over for action until next year, under the rule.

It was received, and the committee discharged.

The next business was the consideration of proposed plans of change in the plan of organization. The first was an amendment declaring that the Committee on Nominations should hereafter select the nominees only from those members of the Association present.

A motion to table this amendment was made.

The President stated that only delegates were voters. Permanent members and visiting members are not voters. A rising vote was called for. The yeas on the motion to table were 120, and the nays 5.

Dr. H. O. Hitchcock offered an amendment prescribing the method in which the choice of officers should be made, and enlarging the scope of nominating powers of the committee.

Dr. Reynolds, of Louisville, said the amendment implied an imputation on the fairness of the previous methods of the Association, and it was tabled.

An amendment by Dr. Caldwell, of Maryland, to create a new section, was tabled. An amendment offered by Dr. Maddox, to create a new section, on genital and urinary organs, was read. A motion to table it was made and a rising vote on it asked. The yeas were 73 and the nays 78. Applause. The amendment then came up for discussion. Dr. Davis said there was danger of making many sections which would not attract enough attention to make them interesting. But two sections had been consolidated yesterday, and he favored the trial of the new section proposed. If it did not work well it could easily be discontinued. He did not like the practice of some men, going about from section to section, trying to imbibe all without imparting anything.

Dr. Brown, of Texas, said the sections had too many long papers, and were not made as interesting or as useful as they might be.

It was moved that the amendment be referred to the Section on Surgery, with request that it report to the Association to-day. Agreed to.

Dr. N. S. Davis, of Chicago, offered an amendment to the code of ethics, declaring it to be against the ethics of the profession for any physician to teach or encourage any student of an irregular or exclusive system of medicine.

Dr. E. S. Dunster, of Ann Arbor, spoke in opposition to the amendment. He said he had no personal motive in opposing it, or any desire to shelter himself from the responsibility of any past teaching. He said he wished to remain in the Association, but not even membership would be a fitting price for the abandonment of scientific convictions. He feared the amendment would bring dishonor and disaster on the profession. The code says medicine is a liberal profession, but this amendment makes it close and exclusive. The whole spirit of the amendment is opposed to the broad principles of true science. He attacked the amendment on various grounds. Said it was impossible to enforce such a statute. It would be a dead-letter law, a reproach to the wisdom of the body that enacted it. A thorough enforcement of this law would close every clinic in the land. In nearly every

clinic, in large cities, are found homœopathic students. He said in the leading homœopathic colleges text books by leading allopaths are freely used. This is teaching the students of an "irregular" system, as it is called, and you can't help it. Legally, the amendment will be futile. If the student of an irregular system, as it is called, were to apply to a State school and be refused, he could obtain a mandamus in any State of this Union to give him an entrance and provide him tuition. What is the use of setting up limitations which cannot be carried out? He argued also on the merits of the question. It is based on an assumption of a most fallacious character. It assumes that the teaching of the students of irregular systems will tend to build up these systems. This is folly. It declares that the teachings of science lead to error—a proposition which no man in his senses will give his endorsement. Such a principle carried out would prevent a minister of Christ from preaching the gospel when there were atheists or sinners in his congregation. History has to-night nothing plainer than that truth is the antidote, and finally the victor, of error. The argument was not only masterly in its logic, but was marked throughout by a liberality of view, which is the honor of a true scientific man. Said he: "If national medicine cannot triumph in such a contest, she deserves to fall and be buried in dishonor." [Applause.] The address caused a sensation in the Association.

Dr. Dudley Reynolds moved to lay the amendment on the table; he said it had been killed.

A member appealed for free discussion on both sides. A voice: "The gentleman who moved to table the motion only a moment ago was for free discussion." [Laughter.] The motion to table was withdrawn.

Dr. Davis said he did not wish to discuss the matter, but he would state the reasons which led to the report which proposed the amendment. The Association had taken the steps which made the amendment a necessary result of its action. The judicial council, as a committee, was ordered to report just such a clause. The amendment was the best that could be done. It did not follow that the committee favored the amendment. He said it would be repugnant to him to teach students of an irregular college, who merely came in to catch what they could of his teaching. He admitted that there was a line beyond which the code of ethics could not be carried, without coming in contact with State and municipal laws.

Doctor Pratt said the argument against the amendment was specious. It was the argument of those who wanted to make money by teaching irregular pupils, and be considered ethical, while practitioners are considered non-ethical if they associate with such pupils after they become practitioners. He moved that the proposed amendment lie on the table until next year.

Dr. Brodie, of Detroit, moved to lay that motion on the table. The vote was taken by rising. The yeas were 72 and the nays 122; so Dr. Brodie's motion was lost. The announcement was received with applause. The motion to table till next year was carried.

The roll of States was called, for the purpose of allowing delegations to choose places where they

would meet to choose members of the Nominating Committee.

After this was done, the Association adjourned.

THIRD DAY.

Dr. N. S. Davis, of Chicago, offered a brief but pointed report on ozone, which was referred to the Committee on Publication.

The report on necrology was presented by ex-President J. M. Toner, of Washington.

The report on the Catalogue of the National Library, by Dr. H. C. Wood, of Pennsylvania, was received. It stated that Congress had been induced at last to publish two of these valuable works.

Dr. Woodward, of the army, thanked the Association for the warm support it had given his colleague, Dr. Billings, in his efforts to complete a great and necessary work. The report was referred to the Committee on Publication.

Dr. Atkinson, the Secretary, presented the report of the Committee on Publication, which stated the entire work of that committee for the past year. The report was received and disposed of as those above.

The Treasurer's report was next read, and referred to the Committee on Publication.

The Librarian's report was also read, and referred to the same committee.

The next business in order was the presentation of a paper on state medicine, which Dr. Chaille, of New Orleans, had read in the Section of State Medicine, Tuesday afternoon. Dr. Chaille appealed for the thorough establishment of a sound system of state medicine, in which the general government should regulate without interfering with any necessary powers of the State. He argued that it lay in the power of the American Medical Association to effect the reforms needed in the present condition of state medicine. In England, state medicine is easily and judiciously regulated by the influence of the British Medical Association on one central legislative power; while in America this power must be frittered away on the local legislatures of forty-eight states and territories. He argued for a more permanent organization in minor medical societies, and the consequent increased efficacy of the American Medical Association. The paper was pregnant with theoretic principles, strengthened by sound practical suggestions.

Dr. Moses Gunn, of Chicago, Chairman of the Section on Surgery and Anatomy, delivered an address on the most advanced theories on the question and the discoveries of the true nature of "pus," in all of its various exhibitions.

The paper was referred to the Section on Surgery.

Dr. S. D. Gross, of Philadelphia, announced that the Committee on Nominations was ready to report. The following report was then received through the Secretary of the Committee, Dr. Eugene Grissom, of North Carolina:—

The Committee on Nominations present the following nominations:—

President—Dr. Lewis A. Sayre, of New York.

Vice Presidents—

First. Dr. B. Beverly Cole, of California.

Second. Dr. E. M. Hunt, of New Orleans.

Third. Dr. H. O. Marcy, of Massachusetts.

Fourth. Dr. F. Peyre Porcher, of South Carolina.

Treasurer—Dr. R. J. Dungleison, of Pennsylvania.

Librarian—Dr. Wm. Lee, of District of Columbia.

Committee on Library—Drs. Johnson, Eliot, of District of Columbia.

Assistant Secretary—Dr. Walter Gillette, of New York.

Next place of meeting—New York.

Committee of Arrangements—Drs. L. O. Vanderpoel, Stephen Smith, William M. Polk, Robert Weir, Charles I. Pardee, A. A. Smith, T. F. Sabine, of New York; Joseph Hutchinson, of Brooklyn; M. H. Burton, of Troy; and Dr. Parker, of Poughkeepsie.

Committee on Prize Essays—Not yet appointed.

Committee on Publication—Drs. W. B. Atkinson, T. M. Drysdale, A. Fricke, S. D. Gross, Caspar Wistar, R. J. Dungleison, of Pennsylvania; and William Lee, of District of Columbia.

The following nominations for chairmen and secretaries of Sections of 1880, are reported:—

1. Practice of Medicine, etc.—Dr. J. S. Lynch, of Maryland, Chairman; Dr. W. C. Glasgow, of Missouri, Secretary.

2. Obstetrics, etc.—Dr. Albert Smith, of Pennsylvania, Chairman; Dr. Robert Battey, of Georgia, Secretary.

3. Surgery and Anatomy—Dr. W. T. Briggs, of Tennessee, Chairman; Dr. J. Powell Adams, of Minnesota, Secretary.

4. State Medicine, Medical Jurisprudence, etc.—Dr. James F. Hibbard, of Indiana, Chairman; Dr. T. F. Wood, of North Carolina, Secretary.

5. Ophthalmology, etc.—Dr. Bolling A. Pope, of Louisiana, Chairman; Dr. Eugene Smith, of Michigan, Secretary.

6. Committee on Necrology—Dr. J. M. Toner, of District of Columbia, Chairman.

The next business was the reading of an address by Dr. E. S. Lewis, of New Orleans, Chairman of the Section on Obstetrics, etc.

The paper was referred to the Committee on Publication.

The next business was the consideration of Dr. Seguin's report on the metric system. The Doctor made a few remarks in support of his resolutions. They are as follows:—

Resolved, 1. That the American Medical Association adopts the International Metric System, and will use it in its Transactions.

2. Requests that those who present papers at its future meetings employ this system in their communications, or reprints thereof.

3. Requests the medical boards of the hospitals and dispensaries to adopt the metric system in prescribing and recording cases; and that the faculties of the medical and pharmaceutical schools adopt it in their didactic, clinical or dispensing departments.

4. Requests the physicians familiar with the metric system to help their confreres and the druggists in its application; and the delegates present at this session to work up the acceptance of the metric system by their respective county and State societies.

5. Requests our President to name a metric executive committee, of which he shall be the ex-officio chairman, and whose task will be to give unity and rapidity to this metric movement.

On motion they were adopted.

Dr. Chaille, of New Orleans, offered a resolution that Congress be petitioned to allow any student of scientific pursuits to import free of duty any one book for his own use. Adopted.

Dr. Brodie, of Detroit, referred to Judicial Council a query as to the propriety of the use of patent medicines, and a resolution declaring such use against the code of ethics.

Some amendments were laid over to next year.

FOURTH DAY.

The Convention met at 9.30, A.M., and was called to order by President Parvin.

Communications from the Committee of Arrangements were read.

Reports from all the five Sections were read.

A resolution passed by the Section on State Medicine, looking to the thorough organization of State Societies, and prescribing stricter rules for admission into the American Medical Association, was passed.

A communication from the California Medical Association, pressing the necessity of a national quarantine, was read and referred.

The President appointed the following committees:—

To represent the Association abroad—Drs. Seguin, Yandell, Da Costa, Gunn, Turnbull, Warren, and J. T. Hodgson.

Delegates to Canadian Association—Dr. H. Hutchins, Dr. W. Brodie.

On Dr. Chaille's resolution on Public Hygiene and its regulation by Congress—Drs. Pratt, Davis, Garcelon, Gross and Bell.

The Committee on Nominations reported their work complete, and presented the following report:—

Time of meeting—First Tuesday in June, 1880. Place—New York.

Committee on Prize Essays—Drs. Austin Flint, Chairman; Alfred C. Post, Joseph Hutchinson, J. W. S. Gouley, Montrose H. Pallen.

Members of Section on State Medicine, Public Hygiene, etc.—Drs. W. H. Hawkins, Arkansas; Jerome Cochrane, Alabama; W. F. Cherry, California; C. Dennison, Colorado; C. A. Lindley, Connecticut; Wm. Marshall, Delaware; Thos. Autisell, District of Columbia; J. P. Wall, Florida; J. P. Logan, Georgia; S. Brandeis, Kentucky; S. E. Chaille, Louisiana; A. P. Snow, Maine; T. B. Evans, Maryland; H. I. Bowditch, Massachusetts; H. B. Baker, Michigan; C. N. Hewett, Minnesota; Wirt Johnston, Mississippi; H. H. Mudd, Missouri; J. Black, Nebraska; G. P. Conn, New Hampshire; D. O. English, New Jersey; A. N. Bell, New York; J. C. Walker, North Carolina; J. C. Reeve, Ohio; H. Carpenter, Oregon; Benjamin Lee, Pennsylvania; E. M. Snow, Rhode Island; R. A. Kinlock, South Carolina; Dr. T. A. Achison, Tennessee; H. W. Brown, Texas; F. D. Cunningham, Virginia; L. C. Butler, Vermont; E. A. Hildreth, West Virginia; J. T. Reese, Wisconsin; Joseph R. Smith, United States Army; A. L. Gihon, United States Army.

The Committee also reported regulations for printing the proceedings of the Association and the deposit of its funds.

The address of Dr. Hermann Knapp, of New York, the Chairman of the Committee on Ophthalmology, was next in order. The address was referred to the Committee on Publication.

The Committee on Prize Essays reported only one essay for a prize. This was written by Dr. A. McLane Hamilton, of New York, and was on the subject of Primary and Secondary (local) Degeneration of the Lateral Columns of the Spinal Cord. The Committee highly commend the essay, and recommend that a prize of \$100 be awarded for it. An essay on "Explorations in

Physiology" was highly commended, but the second prize was withheld.

Dr. N. S. Davis, of Chicago, said it gave him peculiar pleasure to offer one resolution. He then read a resolution of thanks.

The resolution was adopted by a unanimous rising vote of the Association.

The last business in order was the installment of the new officers.

Dr. Louis A. Sayre, of New York, the President elect, came forward, and Dr. Theophilus Parvin, of Indianapolis, the retiring President, addressed the body in a few well chosen words. He was followed by Dr. Sayre, and the meeting then adjourned.

EDITORIAL DEPARTMENT.

PERISCOPE.

Treatment of Internal Aneurism.

On this subject Dr. McCall Anderson said, in a paper before the Glasgow Clinical Society, he would refer to three methods of treatment—1. That known as Tufnell's method. 2. The treatment by iodide of potassium; and 3. That by galvano-puncture. Tufnell's treatment, which was not original, but only a modification of Valsalva's plan, was to enforce the most absolute rest, with a starvation diet limited to ten ounces of solids and eight ounces of fluids in the twenty-four hours. Dr. Anderson then narrated a case of thoracic aneurism, showing the very marked improvement which had resulted from carrying out this plan of treatment. He would recommend that fluids should be sparingly drunk, and also the food should be very moderate in quantity, partly to avoid derangement of the digestive organs, and partly to prevent the augmentation of the volume of blood. But a starvation diet he did not approve of, and he believed that it would do more harm than good. The iodide of potassium treatment was introduced by Nélaton and Bouillaud, in 1859. In 1862, Dr. Chuckerbutty brought it prominently before the profession in the *British Medical Journal*; and more recently Dr. Balfour had given it a most thorough trial, his first case being treated in 1867. Dr. Balfour had expressed a very high opinion of it. He said, in his work on "Diseases of the Heart and Aorta," (p. 368), "When we find a drug relieving suffering, mitigating every other symptom, and restoring capacity for exertion when lost, and that not occasionally, but in every case in which it has been fully tried, all who know anything of aneurism will agree with me, that it must be a remedy deserving of the fullest confidence." In some cases of aneurism the disease was simply traumatic, but in the majority there existed degenerations of the coats of the vessel, such as are apt to occur in advancing years. There could be no doubt, however, that the disease was also sometimes syphilitic in its nature,

and this was believed to be one reason why soldiers were so often the subjects of aneurism. Now he supposed they were all agreed that if there were reason to suspect a syphilitic basis, iodide of potassium was essential; and in most cases, if not in all, it relieved uneasiness and pain in a remarkable way. This was partly due to the fact that it diminished the heart's action, and lowered the blood pressure; it also sometimes acted as a diuretic, thereby diminishing the volume of the blood, allowing the aneurismal sac to contract, and thus taking off the pressure from the nerves implicated. But that it mitigated every symptom in every case, as Dr. Balfour held, was a different matter altogether, and he did not think that this sanguine view was ever borne out by Dr. Balfour's own published cases. Dr. Anderson then narrated two cases of thoracic aneurism, in which, after the failure of other remedial measures, including the use of iodide of potassium, in doses of half a drachm, three times a day, for five or six months, he had resorted to electrolysis. The one case (already published) was the first he had operated upon in this way; and, although the woman had died from rupture of the aneurism into the pleura, owing to her own subsequent recklessness, the relief to the patient was very great, and she had engaged in arduous work for more than a year after her dismissal. The preparation already shown to the Society (January 20th, 1874), and included in the collection of specimens at the present meeting, presented evidence of complete consolidation. The other case was that of a man, still alive (who was examined in one of the side rooms by several of the members and visitors, before the discussion began). He had been treated in the Western Infirmary, by galvano-puncture, about fifteen months ago; the tumor, formerly bulging in the third left intercostal space, had now nearly disappeared, and the presence of the aneurism could scarcely be recognized; the patient, too, said that now "he would not know that anything was the matter" with him. As regards galvano-puncture, he limited himself to mentioning the rules which at present guided him in carrying it out. First, as to the

battery. He used Stohrer's large-celled continuous current battery, with two drachms of a claret-colored solution of chromic acid added to the charge in each cell, as recommended by Althaus, to increase the chemical effects. The needles were insulated to within half an inch of their points by a coating of vulcanite; they must be very sharp, with angular points, and the greatest care must be taken that there was nothing like a shoulder at the point where the vulcanite commenced. He preferred the positive pole, the clot being firmer than that formed at the negative pole. In every case, immediately before the operation he tested the battery with white of egg. A great injury might be done by too strong a current, or using it for too great a length of time. He generally employed from four to eight cells, and never continued the operation longer than an hour; but there was no hard and fast rule as to this point. They must not look for an immediate result; in fact, for the first few days the symptoms might appear to be worse, instead of better. The treatment was applicable only in the minority of cases. Where the aneurism was high up, or implicated some of the great blood vessels, he was not quite sure but that the best treatment was distal ligation.

Locomotor Ataxy Simulated by Syphilis.

In an address by Mr. Jonathan Hutchinson, in the *British Medical Journal*, he writes—

Under the term locomotor ataxy we recognize a condition of liability to nervous disorder, one of the most conspicuous symptoms of which is a failure of the power of muscular co-ordination in the lower extremities. It is clear that this symptom is only one part of the malady, for the patient is liable to other and quite distinct forms of paresis. He may become blind, may have ptosis or ocular paralysis, and is liable to severe attacks of disturbance of the abdominal organs. The pathology of the malady is to a certain extent made out, and to some extent is yet obscure. It seems clear that low forms of chronic inflammation, leading to permanent degenerative changes in the posterior columns of the cord, occur; and that these processes, once initiated, tend to spread in certain definite paths. It seems clear that the vasomotor system is often much involved. We do not, however, yet fully understand the bond of connection between the different groups of symptoms; nor do we know the special causes by which they are produced. It seems probable that a variety of causes may in turn or together take shares in producing this curious and very common malady. Now, one of the most remarkable facts in the history of syphilitic simulation is, that all the phenomena of locomotor ataxy may be, and often are, closely imitated. So close is this imitation, that it becomes one of the most difficult tasks in diagnosis with which I am acquainted, to distinguish between them. Case after case comes under my observation, with the suggestion that the patient is suffering from a syphilitic taint, and I find that all the symptoms range themselves under the head of ataxy. The small and sluggish pupils, the feeble bladder, torpid bowels, the amaurosis,

the ptosis and failure of ocular muscles, the stabbing pains, the defective sensation in the feet and diminished coördinative power, the whole group of symptoms, not omitting the abdominal crises, all are there, and yet all are remediable to some extent, if not wholly, by specific treatment. Excepting in the facts as to history, and in the effect of specifics, there is little or nothing upon which to base a differential diagnosis. Whatever may be the parts attacked in non-specific locomotor ataxy, and whatever is the tendency as regards local spreading, it is clear that syphilitic disease may affect the same parts, may spread in the same directions, and may produce precisely similar results. If the question be put, is there really any non-specific type-form of locomotor ataxy? is it not rather probable that the name is given solely to the results of serpyginous syphilitic changes in the nervous centres? we must, I feel sure, answer it definitely in the negative. It is probable—nay, it is certain—that the disease may begin independently of syphilis; and notwithstanding the frequency of the latter malady, probably not more than half of those who become the subjects of ataxy have ever had it. It is certain, then, I repeat, that we have, side by side, two maladies almost exactly alike, one specific and the other not so. It may be asked further, whether, in the cases in which ataxy happens in syphilitic persons, it is not yet probable that the ordinary causes are its real producers, and the syphilis merely an accidental concomitant. To this, again, a decided negative answer must be given as regards, at any rate, a considerable proportion of cases. They are really syphilitic, and are curable only on that hypothesis. On this point valuable evidence has been produced by M. Fournier, of Paris, who has published several remarkable cures by the iodide of potassium, and who urges that whenever the patient has had syphilis this drug should be carefully pushed.

The Diagnosis between Erythema and Mild Scarlatina.

Dr. W. B. Cheadle writes, in the *British Medical Journal*—

That erythematous eruptions closely resembling the rash set up by the poison of scarlet fever are also produced by other agents, is undoubted. Such are the so-called medicinal rashes which occasionally follow the administration of belladonna, of copaiba, and of quinine. Similar general scarlet rashes have been observed by Dr. Handfield Jones in malarial disorders in children, and by myself in a very marked form in a severe case of tertian ague in a child. But, further, I think there can be no doubt that a scarlatiniform eruption, which is not contagious and not followed by the sequelæ of scarlatina, does arise in various traumatic conditions independently of the scarlatinous poison. I have seen it more than once follow paracentesis thoracis for empyema, after various surgical operations, and in a case almost exactly parallel to the one related by Dr. Braxton Hicks. One of my own children received an injury to the thigh, which was followed by an abscess. There was no external wound; but at the commencement of the suppurative process a

general scarlet rash appeared. It could not be traced to infection; it did not infect others. The rash disappeared in twenty-four hours; it was not followed by desquamation or sequelæ. In such a case, as Dr. Braxton Hicks points out, the introduction of scarlatinal poison from without by inoculation is out of the question. The eruption must be due to the absorption of scarlatinal poison through the ordinary channels, or of septic or deleterious matter developed *in loco*, or otherwise a result of the traumatic pyrexia.

Now, although there are, I believe, no certain and absolute data by which this "surgical erythema," as I am in the habit of calling it, can be at once distinguished from true scarlatina in its slighter forms, yet there are one or two points to be noted in connection with it, which afford some aid toward a correct diagnosis. Surgical erythema, as far as my observation goes, is constantly wanting in certain leading features of typical scarlatina.

1. There is no swelling of the tonsils, no enlargement of the glands, although the fauces may be reddened.

2. The tongue never presents the strawberry appearance. It is furred, perhaps; but the coating has not the whitish or yellow tint seen in scarlatina.

3. The rash is often not universal, but confined to the body and the parts covered by clothes, the face being free. Sometimes it is in more or less distinct patches, with portions of comparatively clear skin between. It rarely lasts more than twenty-four hours, and is never, in my experience, followed by desquamation; it is not sufficiently intense and its duration too short.

Now, these variations from the perfect scarlatinal type are, no doubt, met with in extremely mild cases of scarlatina. They merely narrow the issue by excluding *well-marked* scarlet fever. The decision between surgical erythema and the slighter forms of scarlet fever can only be arrived at by the additional evidence, by the history and symptoms. Not unfrequently a positive conclusion is impossible, and the only safe practice is to isolate such cases, at any rate for a time.

Nature of Hydrophobia.

A writer in the *Journal de Médecine* gives the following curious case. A woman of highly nervous temperament was bitten by a dog in the right thigh. From that moment she became melancholy and sleepless, and was tortured by the thought that she had not been cauterized; later on she had violent paroxysms, attempted to commit suicide several times, and was extremely emaciated and feeble. The sight of dogs filled her with horror, she could not swallow liquids, had violent pain in the throat, and tried to strangle herself. The treatment had to be adapted to her mental state. The wound was cauterized, and she herself fed by the bowels, having chloral administered three times daily after each meal. It proved highly successful. We see by this case how difficult it often is to ascertain the exact duration of the stage of incubation in hydrophobia. Here the outbreak of the disease seemed to follow close upon the bite.

It may also tend to show how easily any particular method of treatment which may have been hit upon by chance may obtain unmerited reputation and success. A medical practitioner, Dr. Anderson, has been led, by this case of mania, to add a third class of rabies—viz: rabies ending with mania—to the two previously known classes of rabies vera and rabies falsa. According to his theory, hydrophobia is a proteiform neurosis, which does not manifest itself with equal force in all cases; it has more affinity with tetanus and eclampsia than with virulent diseases, and is caused by excitement of the peripheral nerves.

Objections to Milk as Food.

At a meeting of one of the branches of the British Medical Association, Mr. Gay read an indictment of milk as food. He pointed out that milk, when once exposed to the air and at rest, underwent a series of chemical changes, through the influence of external and internal agencies, which ensued in its degradation and decay, its last stage being that of a limpid fluid, mainly composed of water, salts, and acids, among which figured the lactic, butyric, capronic, and capriolic. In this downward career it was varied by becoming the *habitat* of broods of vibrations of different kinds, and according to Prof. Lister, of a certain bacterium—the *Bacterium lactis*—and by certain carpetings of its surface by oidium and other varieties of mould. If treated with yeast and well shaken at an early part of its history, mare's, and perhaps other, milk might be converted into an "exhilarating" and, it was said, a therapeutic agent—koumiss. Could it be affirmed, in the face of these allegations against milk, that, after the period of lactation, it was suited as an article of human food? Of the products of the decomposition of milk, some were believed to be actually injurious when taken into the organism—such as lactic and butyric acids; while others, if less hurtful, were certainly not elements of food. On the other hand, in the absence of any positive knowledge as to the source of the various exanthems, measles, scarlatina, and the like, characterized by fever, and, without doubt, related to some form or forms of blood-poison—disorders that abounded mostly after dentition, and when milk was often the predominating, if not the sole, article of food—was it unreasonable that we should turn with suspicion to these unwholesome ingredients of decaying milk for their explanation?

On Morbus Coxarius.

The following propositions in regard to this disease are maintained by Dr. H. McNaughton Jones, in the *British Medical Journal*:—

Morbus coxarius is a disease which in a large number of cases has a purely constitutional or strumous origin, and may occur without any injury, or from so slight a shock to the joint that we cannot, strictly speaking, assign the term traumatic to it.

Aspiration, to be successful, must be performed in the earlier stage of effusion or of pus formation, and hence the importance of detecting the

first sense of fluctuation, and watching closely the symptoms of approaching abscess in or about the joint.

Though we may be guided by the situation of the sinuses, yet it is extremely difficult, by means of the probe, to ascertain the extent of the joint implication; and in those cases where sinuses form, and suppuration has occurred without accompanying symptoms of waxy degeneration, the propriety of excising the head of the bone should be considered, and the earlier this step is taken, when once the necessity for it is foreshadowed by the urgency of the case, the better.

The Treatment of Albuminuria by the Inhalation of Oxygen.

At the meeting, on January 8th, of the Société de Thérapeutique, M. Dujardin-Beaumetz read a paper on a case of albuminuria, in which the albumen had entirely and rapidly disappeared after some inhalations of oxygen. The patient had reached the last stage of the disease; every diuretic had been employed, but without success, when inhalations of oxygen were resorted to. The albumen disappeared within the following twenty-four hours, and had not reappeared since. Twelve days had elapsed, and the author wished to know if similar cases had been observed before, and if his treatment might be considered as attended by permanent success.

A discussion having been raised on the subject, it was remarked that similar cases had been known to occur, only the effect of the cure had never been permanent, the albumen generally reappearing after two or more months.

The Contagion of Yellow Fever.

At a recent meeting of the London Epidemiological Society, Mr. Lawson, Inspector General of Hospitals, stated that from his observations on the subject a factor of very extensive operation becomes active from time to time, determining the production, in suitable localities, of emanations the immediate cause of the disease. Such localities may be on shore or in ships; in the latter the source of the disease may continue active for months, during which they may carry it to distant countries, and there cause yellow fever. At Swansea, in 1865, the disease occurred in persons 150 to 200 yards from the source; and at St. Nazaire, in 1861, a mason, not known to have been nearer the infected vessel than 245 yards, was attacked. A Dr. Chaillon, who visited some of the cases which occurred in one of these outbreaks, died of what was considered yellow fever; but as bilious intermittent of unusual severity was prevailing at the time, and there is nothing mentioned in the details of the case sufficient to separate it from others, it cannot be accepted as a case of yellow fever, or as showing a power of transmission from man to man which was not displayed in any other instance on this occasion. Porous materials, such as clothing, etc., may undoubtedly imbibe a quantity of the emanation if exposed to places where it is generated, and some American authors state that when a box of such articles, packed in a yellow fever locality, has been opened at a distance, that dis-

ease has sometimes been excited among those present. The general impression in yellow fever localities, however, is that the disease produced by the quantity carried in the ordinary clothing is infinitesimally small. There is no evidence to show that persons laboring under yellow fever, or the bodies of those who have died of it, give off a poison capable of exciting the disease. Should the emanation from a ship with a source of yellow fever on board, or fever fomites, meet with a suitable locality on shore, can it fructify so as to produce a fresh focus of the disease giving rise to a similar emanation? Many believe it can, but to establish the point it is necessary to exclude the possibility of the disease having arisen at such points under the action of the general factor mentioned above, which at present there are no means of effecting.

How to Measure a Skull.

The following directions are given by Dr. W. H. Flower, F.R.S., in a lecture before the Royal College of Surgeons:—

The length of a skull is measured from the middle of the forehead, above the glabella—the *ophryon*—to the most prominent part of the occipital region. The breadth is the greatest lateral breadth in the parietal region. The cranial index, which is the expression of the relation of the breadth to the length, is found by a simple calculation, the length being taken as 100. When the index is over 80, the skull is called *brachycephalic*; when it is below 75, it is said to be *dolichocephalic*; those between 75 and 80 are *mesocephalic*. The height is the distance between the basion and the bregma. The orbital index is the relation of height to the width of the anterior margin of the orbit cavity. The average in Australian skulls is 82, in European 88, which gives a fair indication of the difference of form in this part in the two races. The nasal index is the relation of the height of the bony framework of the nose to its breadth. The height is measured from the nasion to the lower border of the aperture, or base of the nasal spine. The breadth is the greatest breadth of the aperture. This is one of the most useful of all the cranial indices in distinguishing races. The average nasal index of all races is about 50. Races or individuals in which the nasal index is from 48 to 52 are called *mesorrhine*; those in which the index is below 48 are *leptorrhine*, or narrow nosed; those in which the index is above 52 are *platyrrhine*, or broad nosed. To this latter category the Australians belong, the average index of their nose being 67. The condition of the frontal suture should always be observed in examining a skull. In its early stage, the frontal bone is developed in two lateral halves, united by a suture. At the age of two years, this suture is generally obliterated. Sometimes, however, it remains open; indeed, if it be not obliterated during the second year, it generally remains open throughout life. When this suture is permanently open, the skull is said to be *metopic*. Among English skulls, it is found to be open in about one in ten, but in one hundred Australian skulls here and in other museums in this country

there is not one instance where it is closed. In this respect they resemble the anthropoid apes, among which metopism is rare, though among many still lower forms of mammals, as the Ungulata, it is the normal condition.

REVIEWS AND BOOK NOTICES.

NOTES ON CURRENT MEDICAL LITERATURE.

—Dr. Cassells, of Glasgow, has undertaken the translation of Professor Politzer's "Lehrbuch der Ohrenheilkunde," at the author's request, and in fulfillment of a promise made to Professor Politzer many years ago. The translation of the first volume into English is well advanced.

—The *Medical Herald* is the title of a monthly journal commenced this month in Louisville, Ky. It is edited by Dr. Dudley S. Reynolds, published at two dollars a year, and promises to be a valuable addition to our periodical literature.

—An abstract of the report of the Special Committee on Croup, of the Illinois State Medical Society, embracing the details of eighty-three cases of tracheotomy, may be obtained from the Chairman, Dr. H. Z. Gill, Jerseyville, Illinois.

—The Minutes of the Medical Society of the County of New York, 1806-1878, have been edited under the supervision of Dr. A. E. M. Purdy, and published by the Society. Part I, of sixty-four pages, carries the reader to 1808. It is a historical record that well deserved preservation by the printing press.

—From Sydney, New South Wales, we receive a shilling pamphlet entitled "Mediums and their Dupes; a complete exposure of the chicaneries of professional mediums, and an explanation of so-called spiritualistic phenomena." The principal author is Dr. Samuel T. Knaggs, and it is to be hoped that this exposure of the commonplace trickery with which mediums fool their dupes will go far toward rendering their business of no value in the Antipodes.

—"The School Garden" is the title of a valuable little work by Prof. Erasmus Schwab, of Olmutz, translated by Mrs. Horace Mann. It is a strong and timely plea for attaching a garden to every school house. Considerations of good health, good taste and refined culture unite in supporting this project, and we sincerely trust that the educators of America will read and ponder well the many and cogent arguments in favor of the scheme advanced by Prof. Schwab. Paper.

pp. 92. Published by M. L. Holbrook & Co., New York City. Price 50 cents.

—Messrs. Lindsay & Blakiston, of this city, make an interesting announcement. It is of a series of "American Health Primers." The series will consist of small volumes, on subjects pertaining to Sanitary Science and The Preservation of Health, written by American authors of established reputation, selected with reference to their special knowledge of the subject from previous study, or as private and public teachers. They will be written from an American standpoint, with particular reference to our climate and modes of life. The subjects selected will be of vital and practical importance, and treated in as popular a style as is consistent with their nature, technicalities of language being avoided. Each volume will be illustrated by engravings, when the text can thus be more fully explained to those not heretofore familiar with the structure or functions of the body. The editor of the series is Dr. W. W. Keen. The first volume is "Hearing, and How to Keep it," by Dr. C. H. Burnett. It forms a very neat 12mo, of 150 pages, and although in parts too full of learned terminology, will be instructive to all general readers. The uniform price of the volumes will be 50 cents each, in cloth, and they will be issued about one a month.

—Dr. Charles T. Reber, of St. Louis, has issued, through Geo. O. Rumbold & Co., a small work of 112 pages, to show that what is called malarial poisoning is brought about by paresis of the sympathetic nerve centres from over-excitation by high and long continued solar heat. He speaks, he tells us, from an observation of thirty years of professional life in malarial districts. It is not likely that Dr. Reber will make many converts to his opinions. They are in conflict with many theories which have greater inherent probabilities—the germ theory, for instance—and do not explain many facts so well as that hypothesis.

—A second edition of Mr. Charles Higgins' "Ophthalmic Out-patient Practice" has been published. The book is not only useful for the hospital physician and the student, but is very convenient for the general practitioner, who, while not pretending to the depths of the eye specialty, proposes to treat according to the best rules the ordinary cases of eye troubles he encounters in his practice. The portions we have read of the book have shown much ability in describing the symptoms of such ocular troubles. Published by Lindsay & Blakiston. pp. 116, 12mo, cloth. Price 60 cents.

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D. G. BRINTON, M.D., EDITOR.

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THE INCREASE OF PHYSICAL EVIL AND ITS REMEDY.

In the May number of the *Atlantic Monthly* are two articles, the one optimistic in the extreme, pointing out in a cheerful tone and with plenty of "facts and figures," how much better off we are than were the generations of our ancestors; the other article, strange to say, of a very different ring, filled with gloom at the increase of poverty, misery and crime in this and other countries, compared with the almost arcadian happiness of half a century ago.

The same contrast of opinions is apparent elsewhere. At a recent meeting of the Architectural Society of Liverpool, Mr. Boulton read a paper showing, or designed to show, that the sanitary condition of that borough, after all the expenditure and improvements carried out, is no better than that of the parish in 1842, before the Local Health Act was obtained, or any of the improvements were effected. This assertion is based upon the statement that the rate of mortality in the borough in the years 1837-41 averaged only

31.5 per 1000, whereas, in the present day, the death-rate for the borough "may be assumed as not less than 35 per 1000; so that the rate has actually increased 3.5 per 1000." Well might Mr. Boulton parenthetically exclaim, "such a condition of affairs is most deplorable, very startling, and very discouraging."

Of course, his statistics were attacked, but even the most bitter of his critics, the *Lancet*, is obliged to confess that in the seven years, 1865-1871, the death rate was 34.3 as against 31.5 in 1837-41. All the accounts of the misery, destitution and unhealthfulness of the English lower classes in this present year of 1879, agree in stating them to be in excess of anything known for years.

The same is true of Germany. The wealth brought in from France in 1870-71 seems to have been a part of the hoard of the Niebelungen, the Rhinegold, which, says the old Saga, always carries a curse to its owner. France getting rid of it, has prospered financially and politically, ever since; Germany, getting it, has steadily sunk in finances, and her statecraft is rotten with the infection of socialism and despotism.

Not different is it in Italy, as the most recent statements show. The Provincial Commission of Mantua reports that while in Lombardy, in 1830, there were over 20,000 sufferers from pellagra, twenty-six years later there were over 38,000, and that the number still increases. The report describes the affection as a specific constitutional disease, produced by degradation and misery, and characterized by symptoms of general prostration, desquamation of the epidermis on exposed parts of the body, and subsequent formation of rhagades and bullæ.

It remains, in fact, apparent, that the rapid increase of city populations, the extension of machinery, and the accumulation of material wealth, has, since 1850, outstripped the education of the benevolent instincts, and the means of sanitary improvement. The materialism of science has united with the pandering of the pulpit to sensationalism and mammon, to defeat the growth of the religious instincts; and state medicine, to which we must, after all, look for

the healing of these sores on the body politic, has been too little appreciated, indeed, too much disowned, by both the statesman and the priest, to have had a fair field for its endeavors. This condition of things, we fully believe, is only temporary. Another half century will see state medicine in the position which belongs to it; and the miseries of mankind will be assuaged by knowledge joined to benevolence.

DEMONSTRATIONS OF THE GERMS OF INFECTIOUS DISEASES.

In a recent number of the *REPORTER* (1144, p. 104), we explained the remarkable discoveries by Drs. KOCH, KLEIN, and KLEBS, of the germs which produce syphilis and pneumo-enteritis. We now announce that the veteran, M. PASTEUR, believes he has discovered those which produce puerperal fever and malignant pustule. His studies were related in a discussion before the Paris Académie de Médecine, March 11th, and are quoted at length in the London *Medical Record*.

The primary organism which engenders puerperal fever, he describes as presenting itself in the form of cells united to each other in series of two, four and six, and each having a medium diameter of two-thousandths of a millimeter.

M. PASTEUR'S researches on malignant pustule have proved to him that the disease was produced by the presence of the bacteridium discovered in 1860 by M. DAVAINÉ, and this demonstration was made by the application of the method of culture which M. PASTEUR employed in 1857, and which enables him to obtain microscopic organisms in a state of purity—the only means of arriving at certain results. An infinitely small drop of the blood from a case of malignant pustule is taken, and it is sown in the cultivating fluid constituted by a froth of beer yeast; a little drop of this fluid is taken again, and sown in a new medium of the same kind, and so on. Thus the media of culture may be multiplied indefinitely to a certain extent, during years, by the aid of a single droplet of blood taken originally from the case, and one may have always a liquid the inoculation of which in certain animals, such as the sheep or guinea

pig, reproduces in those animals malignant pustule. If this fluid is filtered through a plaster filter, nothing results from the inoculation of the fluid parts which have traversed the filter, but if the figurate elements which remain on the filter be inoculated, all conditions of the pustular disease are produced. It is the same with the cholera of fowls, and perhaps, with puerperal septicæmia.

Here, then, are two diseases which are infectious in the highest degree, and from the outset of which the theory of germs receive striking demonstration. Why should it not be the same with others? But time and numerous and patient researches are needed, in order to succeed in dissipating the obscurities of a subject of which the study has hardly commenced.

NOTES AND COMMENTS.

Statistics of Insane Hospitals.

In a recent paper, Dr. Conrad, of Baltimore, stated that insane asylum reports show a very large percentage of recoveries, ranging from 60 to 90, and in one case 100 per cent.; while compared with these exhibits the almshouse care and treatment realize only 7 per cent. of recoveries. The data upon which such reputed success has been claimed has been shown by indisputable evidence to be fallacious and untruthful. The error of the asylum reports consists in counting the cases recovered and not the *persons*. Dr. Pliny Earle, superintendent of a Massachusetts asylum, has enumerated instances of this method of computing the ratio of recoveries. One man was discharged recovered seven times in nine years and afterwards committed suicide; another was discharged fourteen times, another twenty-six times, and again a woman was admitted fifty-nine times, and discharged cured, in twenty-nine years, and finally died insane.

Poisoning by Veratrum Viride.

Dr. W. N. Ames, of Miss., writes us—

"In looking over my file of the *REPORTER*, I discovered that Dr. R. E. Van Giesen, of the New York Path. Society, reported December 3, 1870, *MEDICAL AND SURGICAL REPORTER*, a fatal case of gastritis, produced by veratrum viride, 10 drops every 3 hours. Also a case, same journal, May 10, 1873, reported by Dr. Madison Marsh, fatal dose of 33 drops veratrum viride."

Precautions in Anesthesia.

Dr. Chisholm, of Baltimore, has administered chloroform in more than ten thousand cases, without a single serious accident. He always gives a full dose of whisky before the anæsthetic. Another point he insists on is that in suspending the patient by the feet, we have the very best means of exciting and sustaining the vital organs, by sending blood, the natural stimulus, to the important nerve centres; and that what would be otherwise very alarming symptoms during anesthesia, well calculated to frighten terribly the inexperienced, soon disappear when the patient is placed in an inverted position. His hospital assistants are so familiar with these death-like appearances, and their simple means of correction, that instead of rushing about wildly for fans, hypodermics, batteries and what not, they quietly elevate the feet, hanging the head downward, with the chin pushed back, and confidently await restoration; invariably, one or two minutes produces the desired effect, and the operation can be proceeded with.

Treatment of Piles by Carbolic Injections.

The following rules for the treatment of piles by hypodermic injection of carbolic acid are given by Prof. E. Andrews, in the *Chicago Medical Journal and Examiner*—

1. Inject only internal piles.
2. Use diluted forms of the remedy at first, and stronger ones only when these fail.
3. Treat one pile at a time, and allow from four to ten days between the operations.
4. Inject from one to six drops, having smeared the membranes with cosmoline, to guard against dripping. Inject very slowly, and keep the pipe in place a few moments, to allow the fluid to become fixed in the tissues.
5. Confine the patient to bed the first day, and also subsequently if any severe symptoms appear. Prohibit any but very moderate exercise during the treatment.

The Pulse in Different Races.

A well known anthropologist, Dr. A. Weisbach, of Constantinople, alleges that the rapidity of the pulse beat varies in different nations, within very wide limits. Thus, the pulse of the Congo negro beats but 62 times in a minute, while the quickest pulses are found among the Tagals (80), and the Madurese and Nikobars (84). The Japanese pulse beats 78 times per minute, and the Chinese 79.

It would require a wide range of observation to verify these statements.

The Management of Bow Legs.

At the conclusion of an article in the *Maryland Medical Journal*, Dr. V. P. Gibney mentions the following means for the redressing of bow legs:—

1. Constitutional measures and delays in attempts at standing or walking make up the principal factors in prophylaxis.
2. The mother's thumb and forcible straightening, with or without an anæsthetic, constitute the methods to be employed, while the bones yet possess the quality of springiness.
3. Mechanical appliances are to meet the indications for continuous pressure, elastic or non-elastic, in such cases where the mother's thumb or springing is inoperative, or may be used in combination with the springing.
4. Osteotomy and osteoclasis for such cases as have passed the fourth or fifth year.

The Progress of Therapeutics.

Speaking of the delusive character of many reports of cases, an English writer observes—

Rational therapeutics is to be advanced only by cultivating the greatest exactness in the recording of cases and the estimation of results, and by reasoning cautiously and from wide data—i.e., a large number of cases—and, above all, by observing the most impartial truthfulness in the publication of our experience. Vague statements, and such a *petitio principii* as a "typical case," should be left for advertising druggists; they should have no place in scientific medicine.

"Charcot's Crystals."

These are minute crystalline bodies, found in the blood of patients who have died after suffering from profound and long continued alteration of the blood. At a late meeting of the Manchester Medical Society Dr. Moritz exhibited some specimens of these crystals which had formed after death in a clot taken from the blood of a leucæmic patient. It was not certain what was the composition of these crystals. They were rhombic needles, and apparently consisted of a phosphate of an organic base. They were insoluble in ether, alcohol, and chloroform; soluble in acetic acid and caustic soda.

Fuchsin in Albuminuria.

Some ten cases of chronic albuminuria and anasarca, treated with fuchsin are reported from Paris. M. Bouchut has the credit of the suggestion. The daily dose of fuchsin is from ten to

twenty-five centigrams, continued for a long time, five or six months. There is no danger in this; the albumen diminished rapidly in the urine, and the dropsy disappeared. The treatment is highly recommended.

CORRESPONDENCE.

Abscess of Liver Opening through the Lungs.

ED. MED. AND SURG. REPORTER:—

The following case has several, to me, remarkable and puzzling features:—

Mr. K. L., a farmer 26 years, until July, 1878, enjoyed uncommonly good health. During the month of July he was overheated while at work in the harvest field; on going to a cool spring and bathing freely, was thrown into a chill. He was taken home, and the family physician summoned, who was of the botanic kind. He treated the case from then till January as pneumonia and consumption. On January 21st, 1879, his father asked me to see him. Upon examination I found a dullness on percussion, extending from the fourth rib downward to the crest of the ilium, apparently ascites, and swelling to such an extent that his clothes could not be fastened. He complained of frequent pain in the region of the liver, with corresponding pain in point of shoulder, with a disgust for all kinds of food. Upon lying down, he expectorated freely a dark pneumonic sputa, but upon closer examination I found it to be of a quality similar to the excretion from an abscess. This, with other attending symptoms, I decided to be from hepatic abscess. Coming to this conclusion I prescribed bark, acids and good diet for ten days, when I gave a few good doses of calomel and Dover's at bedtime, to be followed in the morning with cinchonidia and golden seal, the latter partaking of his botanic treatment. The calomel acted as finely as could be expected, producing a copious bilious discharge, and my patient improved right along for a month or more, when he, from some exposure, contracted quite a cold. This seemed to affect the right lung, causing, in my opinion, a closure of the fistulous opening through the lung, and a second filling of the abscess. On its second opening I was called, and witnessed one of his hemorrhages, which to my natural eye alone appeared to be from the liver, containing, apparently, the medullary substance of the liver itself. The quantity expectorated is generally in proportion to the length of time that the patient has ceased to expectorate.

This condition is liable to repeat itself. It generally causes the patient to be greatly depressed so long as the fullness exists. But when the abscess discharges the patient has an upward tendency. At the last time there was any quantity expectorated I saw it, and it had every appearance of there being a full-sized abscess. I suppose I saw not more than twenty ounces; of this quantity, not more than three or four ounces were blood. His pulse is of good volume, never too fast, sometimes as low as 68; breathing good;

unless just before there is an emptying of the abscess, which, when full, presses against the lung, forcing it to the apex of the chest on the right side. The opening from the abscess is through the diaphragm, emptying into the bronchia in a line under the right nipple, as traced by the patient himself. His cough troubled him most on lying down and getting up; very little through the day or night. He expectorated freely during the time of the diminishing of the abscess, though of a very healthy pus.

I write the above, asking the opinion of your readers in regard to the treatment of this exceptional case.

H. A. MOSELEY, M.D.

Wartrace, Tennessee.

Rare Form of Mammary Tumor.

ED. MED. AND SURG. REPORTER:—

The following brief report of an anomalous association of neoplastic formations may prove of interest to some of your readers.

Mrs. M., aged 44 years, childless, having a good personal and family history, noticed, about six months ago, that her right breast was enlarged. This circumstance excited her curiosity, and on examination she discovered a tumor of diminutive size. Attaching little importance to this disclosure, she neglected to seek medical advice, until lancinating pains and augmenting size of the breast occasioned alarm.

At this period—six months after discovery—the breast was of normal color, symmetrically enlarged, and the nipple prominent. Palpation elicited two firm, elastic bodies. One apparently involved the entire mammary gland, and adhered slightly to the skin along its lower border. The second was situated at the upper and outer angle of the above; seemed connected to it, and about the size of a hen egg. Both were movable in the surrounding tissues.

The patient was not cachectic, the axillary glands were normal, primary assimilation, the catamenia, and, in fact, all functions of the body, presented healthy characteristics.

Excision was advised, and performed by Dr. Cassidy.

On dissection, the following interesting features were manifested: The larger tumor was encapsuled, lobular, elastic, of firm consistency, reddish in color, and contained a cyst, one-half inch in diameter. The smaller formation was continuous with the capsule of the larger growth, and from it it was evidently developed. Its (the smaller) consistency was firm and tough, of a grayish-white color, its cut surface smooth, glistening, and covered with a small amount of fluid.

The microscope demonstrated remarkable peculiarities. The largest neoplasm consisted of round and spindle cells, intercellular substance and fibre, with remnants of the gland. The capsule was composed of mature fibrous tissue. Sections of the smaller tumor, near its point of origin, consisted of fibrous tissue, but on approaching the centre I found the structure materially changed. Instead of compact fibrous tissue, alveoli of variable size were seen, filled with flattened, angular and polygonal cells, devoid

of intercellular substance. Glandular tissue was absent.

From the above observation I diagnosed cysto-sarcoma mammae, fibroma and schirrhous. The cysto-sarcoma mammae is an uncommon production. But the circumscribed proliferation of its capsule, forming a fibroma, and this degenerating, at a point remote from its onset, into a formation of such preëminent malignancy as schirrhous is, I believe, one of our rarest pathological conformations.

E. P. BREWER, M.D.

Norwich, Conn.

Sclerosis of the Stomach, Involving Stricture at the Pyloric Orifice.

ED. MED. AND SURG. REPORTER:—

On account of the rarity of this pathological condition in the stomach, I thought it might not be uninteresting to the readers of the REPORTER to notice the history of the following case, that recently occurred in my practice.

CASE—David P., aged 72 years, called at my office in October, 1878. He complained of symptoms of indigestion, had a ravenous appetite, but taking food was frequently followed by nausea and vomiting. I prescribed a stomachic tonic, requesting the patient to call again in one week. I heard no more from him until April 19th, 1879, at which time I was called to see him. I learned that he had, for the previous six weeks, been under the treatment of a doctor who claims to cure cancers. I found the patient a mere skeleton, being unable to raise his head from his pillow, or to move his hand to his head. So emaciated had he become, that the bodies of the lumbar vertebrae could plainly be distinguished one from another, through the abdominal walls. He had, up to this time, had no pain whatever, the main symptoms being vomiting directly after eating. No blood was ever vomited, the ejecta consisting solely of unchanged food. The appetite had been good until a week previous to my call. Bowels obstinately constipated, from lack of the normal stimulus to peristalsis. The urinary bladder was found distended, and was voided with the catheter. This was continued every day, with no other treatment, until April 26th, when the patient died from inanition. Autopsy 36 hours after death. The stomach was found to be reduced to nearly one-half its normal capacity. Its tissues were in a state of fibrous degeneration, the whole organ being involved to some extent, the pyloric extremity extremely so, however. The pyloric orifice was contracted so as to admit only a fair-sized goose quill. The other organs were healthy. The condition found corroborated the diagnosis which was arrived at by exclusion.

Bethel, Vt.

L. M. GREENE, M.D.

False Joint Treated by Prof. Henry H. Smith's Method.

ED. MED. AND SURG. REPORTER:—

I take the liberty of reporting this case as one more in the list of successful cases of false joint treated by Dr. Henry H. Smith's method (pressure and motion).

John Schiller, age 40, a farmer by occupation,

has always enjoyed good health up till August the 10th, 1877. While threshing, his clothing became entangled in the shaft of the thrasher, and being whirled around the revolving shaft, had both bones of his right leg fractured; the tibia at the junction of the middle with the lower third, and the fibula above, near the head of the bone. The leg was treated with side splints and extension for ten days, after which it was dressed in a starch bandage, which he continued to wear for six months without any union. I then obtained from E. Spellberger, of your city, one of "Smith's Artificial Limbs for Ununited Fracture," and applied it February the 25th, 1878, the patient being unable to walk at that time, but could walk fairly well soon after it was applied. I examined the limb a few days ago, and found both bones firmly united by bony union. He has continued to wear the apparatus for a little over a year, and has now laid it aside and walks well.

I think this method the most rational of any that I have seen, and have no doubt that experience will show it to be the most successful as well as the simplest of application.

T. WERTZ, M.D.

Jasper, Indiana.

Small Elastic Bands as Surgical Appliances.

ED. MED. AND SURG. REPORTER:—

A convenient and inexpensive surgical appliance will be found in the small elastic (pure rubber) bands, sold mostly by booksellers and stationers. A band one-sixteenth of an inch in thickness, three-fourths of an inch wide, and about three inches in length, doubled, stretched and put about the wrist joint, answers an admirable purpose as a tourniquet for amputation of any portion of the hand, especially where a small compress is placed under the rubber band and over the radial artery at the wrist.

A similar band could be used to good advantage in amputations of the foot, by placing it about the ankle joint or just above it. In amputations of the fingers or toes, a much smaller band will answer every purpose, so far as a bloodless operation is concerned.

I have used this method of bloodless operation in the amputation of a finger near the carpo-metacarpal joint, with the loss of scarcely a drop of blood.

H. L. GETZ, M.D.

Marshalltown, Iowa.

Diphtheria in Children.

ED. MED. AND SURG. REPORTER:—

I noticed in the REPORTER of May 3d a case of diphtheria, as reported by H. L. Getz, M.D., of Marshalltown, Iowa. What I wish to say is in reference to my experience in the treatment of this disease among nursing children, having passed through two epidemics during the last three years, and had many cases in mothers nursing their infants. I have never seen a case of true diphtheria in a child contracted through nursing, when allowed to continue the nursing during the treatment of the mother. In the case mentioned by the Doctor, had the child been kept

at the breast, and the proper treatment to the mother continued, the result would have been far more satisfactory. This is a very interesting subject, worthy of the attention of every thoughtful practitioner of medicine, and I should be pleased to hear the experience of many others on this question. J. N. MEDBERT, M.D.

Webster City, Iowa.

NEWS AND MISCELLANY.

Association of Medical Officers of American Institutions for Idiotic and Feeble-minded Persons.

The fourth annual session will be held at the Illinois Asylum for Feeble-minded Children (Dr. Charles T. Wilbur's), Lincoln, commencing Tuesday, May 27th, 1879, at 8 o'clock, P.M.

The following papers will be presented and discussed:—

1. "The Relation of Speech or Language to Idiocy" (second paper), Dr. H. B. Wilbur, Syracuse.

2. "Ten Months Training of a Hand," Dr. E. Seguin, New York.

3. "Report of a case of Internal Hydrocephalus," Dr. H. M. Knight, Lakeville, Conn.

4. "Juvenile Insanity," Dr. I. N. Kerlin, Media, Pa.

5. "Protection of Public Institutions against Accidental Fires," Dr. C. T. Wilbur, Lincoln, Ill.

5. "Concerning Causes of Idiocy," Dr. Geo. Brown Barre, Mass.

The following resolutions were adopted at the Syracuse meeting, June 6th, 1878:—

Offered by Dr. H. M. Knight, seconded by Dr. Doren.

"Resolved, That the Association at its annual meetings set apart a certain time for the making of clinical reports."

Offered by Dr. Seguin, seconded by Dr. Brown.

"Resolved, That each member of the Association shall report at the annual meeting, on the 'Causation of Idiocy,' so far as illustrated in cases received into the Institutions for the past year; and that the Secretary be requested to call for such statistics hereafter."

On motion of Dr. Kerlin, seconded by Dr. C. T. Wilbur, it was

"Resolved, That the order of business shall hereafter include verbal or written communications from the superintendents on, 1st, Status of the work before the people and the Legislatures. 2d, Development and progress of Institution. 3d, Improvements in school training and hospital care introduced during the year.

ISAAC N. KERLIN, Secretary.

Disease Raging in the Caucasus.

Intelligence has been received at St. Petersburg, from Tiflis, that a disease has been raging with terrible mortality in ten villages in the Caucasus. A solemn procession of holy pictures has been held in the district Gori, and prayers offered for the preservation of the inhabitants.

Official List of Changes of Stations, and Duties of Medical Officers of the United States Marine Hospital Service—March 18th to May 6th, 1879, inclusive.

Hebersmith, E., Surgeon. To proceed to San Francisco and relieve Surgeon C. N. Ellinwood. April 4th, 1879.

Ellinwood, C. N., Surgeon. When relieved by Surgeon E. Hebersmith, to proceed to New York and assume charge of the Service at that port. April 4th, 1879.

Bailhache, P. H., Surgeon. Detailed as a member of the National Board of Health, March 28th, 1879. Directed, in addition, to act as president of Board of Examiners. March 29th, 1879.

Vansant, John, Surgeon. Detailed as member of Board of Examiners. March 29th, 1879. On completion of this duty, to proceed to Boston and assume charge of the Service at that station. April 4th, 1879.

Miller, I. W., Surgeon. Detailed as Recorder, Board of Examiners. March 29th, 1879.

Long, W. H., Surgeon. To proceed to Chattanooga, Tenn., as inspector; on completion of this duty, to rejoin his station. March 17th, 1879.

Murray, R. D., Surgeon. On expiration of leave of absence, to proceed to Norfolk, Va., and relieve Surgeon Sawtelle. April 28th, 1879.

Sawtelle, H. W., Surgeon. Promoted Surgeon May 5th, 1879, vice Hamilton, promoted.

Doering, E. J., Surgeon. Promoted Surgeon, May 6th, 1879, to fill original vacancy.

Gassaway, J. M., Assistant Surgeon. To proceed to Cortland and Astoria, Oregon, as inspector; on completion of this duty, to rejoin his station. March 18th, 1879.

Godfrey, John, Assistant Surgeon. To proceed to Pensacola, Fla., as inspector; on completion of this duty, to rejoin his station. April 11th, 1879.

Goldsborough, C. B., Assistant Surgeon. To report to the General Superintendent Life Saving Service, for special duty, physical examination of surfmen. March 22d, 1879. To report to Surgeon Bailhache for temporary duty at Baltimore. April 10th, 1879.

White, Robert, Jr., Assistant Surgeon. To proceed to San Francisco, and report to Captain G. W. Bailey, commanding U. S. Rev. Str. Rush, for duty as medical officer. April 26th, 1879.

Keyes, H. M., Assistant Surgeon. To Cincinnati, to relieve Surgeon Vansant. March 31st, 1879.

Glazier, W. C. W., Assistant Surgeon. To report to the General Superintendent Life Saving Service, for special duty, physical examination of surfmen. March 22d, 1879.

The following candidates having passed the required examination, were appointed Assistant Surgeons, May 5th, 1879: Charles L. Dana, of New York, assigned to temporary duty at New York City. Henry P. Cooke, of Virginia, to report for assignment to Surgeon Hutton, New Orleans. H. R. Carter, of Maryland, to report to Surgeon Vansant, Boston, for temporary duty. William H. Heath, of Pennsylvania, assigned to temporary duty in the office of the Surgeon General, Washington, D. C.

Physicians' Certificates of Insanity.

Judge Elcock, of this city, recently expressed from the bench some opinions on the legal character of physicians' certificates in insane cases, which excited considerable comment.

Judge Elcock said that the legal doctrine has been well settled in this court, by decisions of two of its judges, that although unsoundness may exist, it implies no right to incarcerate or deprive the sufferer of liberty. The trial by jury applies as well to persons whose soundness of mind is attacked as to other cases. The practice of incarcerating a person on a certificate of two physicians was never intended to give an asylum the right to hold and deprive the person of liberty, but was intended merely as a justification for such institution to receive such persons. This case exhibits the popular fault of allowing physicians to pass upon questions of insanity as experts. Their evidence is worth no more than the evidence of persons in the ordinary walks of life, and the doctrine of their being experts in the question of insanity has been exploded. The evidence of insanity is to be gathered from persons surrounding those charged with being insane, who have experienced the knowledge of their conduct and their action, and the mere expression of opinion by outsiders amounts to nothing.

Refrigeration as a Means of Disinfection.

At a recent meeting, the National Board of Health addressed a letter to Secretary Thompson, asking the advice and co-operation of the Navy Department in carrying into execution the act approved April 18, 1879, providing for the construction of a refrigerating and disinfecting ship. The question as to what particular kind of ship or refrigerating apparatus is best adapted to attain the objects aimed at by the bill is one which, in the opinion of the board, it is not competent to decide. It therefore requests the Secretary of the Navy to organize a special board or commission of naval experts and engineers, to whom all the plans and specifications can be referred, and who shall report as speedily as possible upon the subject. Secretary Thompson, in pursuance of this request, to-day designated the following Board of Naval officers to examine into and report upon the subject: Chief Engineer David Smith, Passed Assistant Engineer W. A. H. Allen, and Naval Constructor W. L. Mintony.

The Duty on Quinine.

The fortune of the late Mr. Thomas H. Powers is estimated between five and ten million dollars. Very much of this was made on quinine, and the movement to repeal the duty on that drug is one which should meet the approval of all unbiased physicians. At present the sick are obliged to pay more than twice as much for this medicine as they would were the duty removed. This excess goes into the pockets of the already enormously rich manufacturers. It is a striking instance of the gross injustice of protective duties. In fact, it is encouraging a monopoly of the most unfair description.

Items.

—Out of 421 cases of the plague in Wetlyanka and vicinity, which was the total number reported, 357 terminated fatally.

—The exodus of the colored population from Mississippi and Louisiana to Kansas and Missouri has resulted in a heavy mortality among them, by some observers estimated at 25 per cent. Moreover, it is feared that they will bring germs of yellow fever with them, and a stringent quarantine has been talked of.

OBITUARY NOTICES.

—Dr. Thomas J. Corson, of Trenton, N. J., died May 10th. He was a prominent citizen and at one time president of the State Medical Society. It was at his instigation, in the winter of 1878 that the investigation into the management of the State prison was gone into, he having preferred charges against Keeper Mott and Dr. Phillips, for cruelty to the convicts, which at the time created such widespread interest.

—At Port Jervis, N. Y., May 8, Dr. O. A. Carroll, of that place, a prominent member of the Orange County and the Tri-States Medical Society, died suddenly, of heart disease. He was 54 years of age.

—Dr. Robert J. Whitely, a well known physician of Paterson, died at his home in that city on Thursday, April 10th, from paralysis. Dr. Whitely was born in Paterson, but went to California in 1849, and remained there until 1854. He was a prominent Mason.

—Dr. Joseph P. Chandler, of Centreville, Delaware, died last week, at the age of 68 years. He was a graduate of the University of Pennsylvania, and for nearly 45 years had enjoyed an extensive practice.

MARRIAGES.

BUTTON—WODDROP.—On the 30th ult., in the Haines Street M. E. Church, Germantown, by the Rev. Joseph Welch, assisted by the Rev. John Winna, Mr. John Button, Jr., and Miss Anna S., daughter of R. S. Woddrop, m.d., all of Germantown, Philadelphia.

MCOLLUGH—MCLENATHAN.—At the residence of the bride's parents, in Catlin, Vermillion Co., Ill., on Thursday, April 24th, 1879, by the Rev. Wm. R. Hendricks, A. M. F. McCollough, m.d., and Miss Emma A. McClenathan.

MCOSH—KELLOGG.—At Stewartsville, N. J., April 22d, by Rev. W. Thompson, assisted by Rev. W. Kelly, Samuel A. McCosh, m.d., and Louise W. Kellogg, all of Stewartsville.

SOPEH—GARRABRANT.—In New York, on the 1st inst., by Rev. Dr. Potter, Oliver Soper, m.d., of Lodi, N. J., and Emma H., daughter of Peter S. Garrabrant, of Brookdale, N. J.

VERDI—MINTURN.—At New Brunswick, N. J., on Wednesday, April 30th, by the Right Rev. Horatio Southgate, d.d., Ciro S. Verdi, m.d., and Caroline, daughter of the late William H. Minturn.

DEATHS.

DOWNS.—On Friday, May 2d, 1879, in Brooklyn, at the residence of his nephew, No. 100 16th Street, Henry S. Downs, m.d., aged 67 years and 29 days.

FARWELL.—In Brooklyn, on Sunday, 4th inst., Darius G. Farwell, m.d., of consumption, aged 48 years.